pluods PHYSICIANS ORD. BINDING assified. RESERVED may should that MARGIN ain d in 0 OF -WRITE

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. County Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) 60 VIS How long in U.S. if of foreign birth? vrs. mos. ds. Length of residence in city or town where death occurred. 2. FULL NAME Ward. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) (Month) (Day) 5a. If married, widowed, or divorced HUSBAND of HEREBY CERTIFY, That I attended deceased from 22. (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months to have occurred on the date stated above, at 1 day, ---- hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance 6 or .... min. were as follows 8. Trade, profession, or particular kind of work done, as SPINNER, NO jo SAWYER, BOOKKEEPER, etc. CUPAT back 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc.. 10. Date deceased last worked at on 11. Total time (years) this occupation (month and spent in this occupation ... instructions Other Contributory Couses of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13, NAME See Name of operation. 14. BIRTHPLACE (city or town). (State or country) What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_ MOTHER 15. MAIDEN NAME mportant 134 death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_ Date of injury \_\_\_\_\_ 19 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, OREMATION, OR REM Manner of injury CAUSE mation TION Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) 19.33 (Address) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Ward

(Year)

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Danamala II

Example	2	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state CORD. Every item of infor-Exact statement of OCCUPA. I UNFADING INK-THIS IS A PERMANENT stated EXACTL mation should be carefuny supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING B.-WRITE PLANLY,

V. S. No. 1

ż

SIAIL OF MARYLAND—	CERTIFICATE OF DEATH 03225
County Talbat	Porichation Diet No. 623
7 0.11	Registration Dist. No. 34
Village or City Rear Classon	No
Length of residence in city or town where death occurred //yrsmo	sds. How long in U.S., if of foreign birth?yrsmosds.
2. FULL NAME Nortant / Stake	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Juck
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I atlended deceased from
. 1 /	, 19, 19, 19
6. DATE OF BIRTH (month, day, and year) 2/6/12/8	I last saw h alive on, 19, death is said
7. AGE Years Months Days If LESS than 1 day,hrs	to have occurred on the date stated above, at A. The PRINCIPAL CAUSE OF DEATH and related causes of importance
14 11 26 ormin.	were as follows:
S. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	
3. Industry or business in which	7. 1 1 5
work was done, as SILK MILL, SAW MILL, BANK, etc.	Malaustelian - 170
11. Total time (years) spent in this year)	
	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) (Stata or country)	3/6/140ck
13. NAME PROPORTION	10/1/10
14. BIRTHPLACE (city or town)	Nama of operation Date of
4 14. BIRTHPLACE (city or town) (Stata or country)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Stade's Transmin	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or fown)	Accident, suicide, or homicide? Date of injury19
State or country)	Where did injury occur?
17. INFORMANT Phas a Blake	(Specify city or lown, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) alkord md	
18. BURIAL, CREMATION, OR REMOVAL New Gentlew	Manner of injury
Place Subviville Date 3/6/33, 19	Nature of injury
19. UNDERTAKER SILLEY a Prouse	24. Was disease or injury in any way related to occupation of deceased? "Los
(Address) Espton ma	If so, specify
20 FILED Mart 4, 1933 Jordla Registrar.	(Signed) Orch alton Vegeter M.D.  (Address) Graphe and
	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

1918

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago 1921 Run over by street car Chronic interstitial nephritis 1 week ago July 5.1927 Peritonitis Cerebral hemorrhage 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis Gallstones May 1,1923 1 year

STATE OF MARYLAND	CERTIFICATE OF DEATH 6320	G
1. PLACE OF DEATH	93:0	
County lalbat	Registration Dist. No. 5970	
Village or City Faston  (If  Length of residence in city or town where death occurred yrs 1 mos	No. Cruse a English to Status St., Videath occurred in a hospital or institution, rive its NAME instead of street and number)  All ds. How long in U.S. if of foreign birth? yrs. mos.	Ward
	100	45.
2. FULL NAME ames Dowers.	and the transfer of	
(a) Residence: No. Classification Ind.	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  March 27  (Month) (Day) (Year	3
5a. If married, widowed, or divorced HUSBANO of	(1.2)	
(or) WIFE of Codel Bowers	22. I HEREBY CERTIFY, That I attended deceased	
C DATE OF DIDTH ( with day and )	1   1   1   1   1   1   1   1   1   1	
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5 m.	5810
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	were as follows: Oate of Oate	nset
Thoustry or business in which		
work was done, as SILK MILL, - asm work		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (city or town) Marculaud	Other Contributory Causes of importance:	
(State or country)	Carters Salurie gours &	
13. NAME Tulknown	O Esque les belelies 64	M
13. NAME Unknown  14. BIRTHPLACE (city or town) Maryland (State or country)	Name of operation Dato of	
# 15. MAIDEN NAME Unknown	What test confirmed diagnosis? Was there an autopsy?	
16. BIRTHPLACE (city or town) Maryland	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?	
S (State or country)	Where did injury occur?	
17. INFORMANT James J. Bowers, (Address) She startown M. J.	(Specify city or town, county and Stale) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place Still Land Mas. Oate Mas. 30, 1933	Nature of injury	
19 UNDERTAKER Chas L. World	24. Was disease or injury in any way related to occupation of deceased?	
(Address) Chestertown, Ma	If so, specify A A A	
20. FILEO 3/29 1933 N. A. Neisis	11/1/1/1/	M. D.
Registrar.	(Address) Setton Md	

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attock of epilepsy	1 week ogo
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebrol hemorrhage	July 5,1927	Peritonitis	3 days ogo
BURDAN V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	Moy 1,1923	Gastroenteritis	1 yeor

- te -	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	<u> </u>
ould occ	County Subol	Registration Dist. No. 290
shou of O	Village or City Easton Incl.	NoSt.,War
./70	A -	f death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
td. Every rSICIANS statement	2. FULL NAME (Intl' aux Broder Bring	Seloz
D. E SIC tate	(a) Residence: No. South Norman	St. Ward.
	(Usual place of abode)	If nonresident give city or town and State
CCO PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
53.	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Theorem	21. DATE OF DEATH  (Month)  (Day)  (Year)
DING IANEA ACT assifted	5a. If married, widowed, or divorced HUSBAND of COT) WIFE of Queua M. Brinefelor	22. I HEREBY CERTIFY, that I attended deceased fro
BIND ERMA EXA y class te.	6. DATE OF BIRTH (month, day, and year) Que 30 1872	I last saw have alive on & Mar 6 4 19 33 death is sai
R I A P ed	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at £30 4 m.
FOR BI IS A PE stated E properly certificate.	60 6 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
- 70	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Mutrial and assure
	- Santal, Booking Lin, Maria	regurgetation. Any
K—T hould may back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
ESER INK- E shou at it m	10. Date deceased last worked at this occupation (month and year)  year)  11. Total time (years)  spant In this occupation (2)	
RES ING I AGE that		Other Contributor Causes of importance:
IN I	12. BIRTHPLACE (city or town) (State or country)	of Strate molignary
MARGIN RE UNFADING supplied. AGI n terms, so tha	13. NAME localism R. Brington	
MA I Un suppin te	14. BIRTHPLACE (city or town)	Name of operation
- 00	(State of Country)	What test confirmed diagnosis? Was there an autopsy?
refully in pla	15. MAIDEN NAME Janvie Th, Brine tos	23. If death was due to external causes (VIOLENCE) fill in also the following:
H. S. H. S.	5 16. BIRTHPLACE (city or town).  (State or country)  (State or country)	Accident, suicide, or homicide? Date of injury, 19
N. S. A. II	1. 1 4. 12 1 60	Where did injury occur? (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
PLA hould OF D	17. INFORMANT/Mos Clema May Demostrate (Address) Easton Tital	Specify whether injury occurred in Proposition, in Home, of His object Flags.
[F] W	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
WRITE nation s	Place Date Date 19 3 19	- Nature of injury
-WRITI mation CAUSE TION is	19. UNDERTAKER James & Bauce (Address) Easton And	24. Was disease or injury in any way related to occupation of deceased?
N. S. N. B. N. B.	20. FILED 3/7 1933 M. H. Melistrar. Registrar.	(Signed) Cut of Signed in (Address) Castor Inc.
	If more blanks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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ił.	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	DIAGE	NACH D
	1915 1921 July 5,1927	of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

## STATE OF MARYLAND—CERTIFICATE OF DEATH

032.38

1. PLACE OF DEATH		(70-6)	
County Talpot		Registration Dist. No. 2	90
Village or City Easten		No. I mary Ency Has Otal St., death occurred in a hospital or institution, give its NAME instead of street and	Ward   Number)
Length of residence in city or town where death occur	rredyrs,mos	ds. How long in U.S. if of foralgn birth?yrs	nosds.
2. FULL NAME Daloy Doo	K 5,		
(a) Residence: No.	askou, Ma.	St., Ward.	
(Us	ual place of abode)	If nonresident give city or town an	d State
PERSONAL AND STATISTICAL F		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR D OR D	LE, MARRIED, WIDOWED, IVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)	, 193 3. (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	\ '	22. I HEREBY CERTIFY, That I attende	
201 7000		Morch 21, 19 33, to March 2	
6. DATE OF BIRTH (month, day, and year)	1021.22.1002	I last saw h un alive on Mwich 25, 193	5; death is sald
7. AGE Years Months	ays If LESS than	to have occurred on the date stated above, atm.	
	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onsat
8. Trada, profession, or particular kind of work dona, as SPINNER,	Carry	-	
SAWYER, BOOKKEEPER, etc.	XVVV	Hemophilia	3-25
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Dato deceased last workad at List occuration (month) and		1 Epistaxis	3-25
SAW MILL, BANK, etc	I. Total time (yaars)	-	
this occupation (month and year)	spent in this		
e		Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town)	Hospital		
7 /	-		
13. NAME Nolan (Saile	4 . 1		
13. NAME Wan Daile	elo, md.	Name of operation Date of	
(State of Country)		What test confirmed diagnosis? Was there an	autopsy222
15. MAIDEN NAME Wana Droom 16. BIRTHPLACE (city or town) La 51200.	(3.	23. If death was dua to external causes (VIDLENCE) fill in also the followi	ng:
16. BIRTHPLACE (city or town)	md.	Accident, suicida, or homicide? Date of Injury	, 19
≤   (Stata or country)		Whera did injury occur?(Specify city or town, county and St	ate)
17. INFORMANT Drooks (Address)	nd	Specify whether injury occurred in INDÚSTRÝ, in HOME, or In PÚBLIC P	
18. BURIAL, CREMATION, DR REMDVAL	/	Manner of injury	
Placa Classifica Date	market 1, 1933	Natura of injury	
19. UNDERTAKER Carl W fa	Hord	24. Was disease or Injury In any way related to occupation of decaased?	no
(Address) Capital	1	If so, specify	M. D
20. FILED 3/29 19.35 // TY	perus.	(Signed) Saston ma	/ WI. D
,	Registrar.	(Address)	

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURBAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	<u> </u>
County Tallat	Registration Dist. No. 290
Village or City Caston (IF	No. 6 Mergenses / Wardal of St., Ward death occurred in a horgital or inspitution, give its NAME instead of street and number)
Langth of residence in city or town where death occurredyrsmos.	ds. How long in U.S./if of foreign birth?yrsmosds.
2. FULL NAME Jatus Brooks	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  3. SEX  Black  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March 7, 193.3 (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. OATE OF BIRTH (month, day, and year) Neareh 7, 19 33  7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	I last saw h
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Oate deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Goston	
13. NAME Class David Torospe  14. BIRTHPLACE (city or town) Easton (State or country) Manufaud	Name of operation Dellewing Special Coate of
15. MAIDEN NAME Florence Moraine Burden  16. BIRTHPLACE (city or town) Peur York  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT State Navis Through	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Goslou Hospitale 3/7, 1933	Nature of injury
19. UNOERTAKER One Scient Hampetal	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO 3/9 , 1933 Noth Messel	(Signed) M. D. (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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WRITE CAUSE mation TION

M

S. No.

OF

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#### STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred \_ds-How long In U.S. if of foreign birth?\_\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds. \_\_yrs,\_\_\_\_mos.\_\_\_ (a) Residence: No. Ward. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of 22. ERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) -13/3 7. AGE Years Months Days If LESS than to have occurred on the date 1 day, ..... hrs. 2 The PRINCIPAL CAUSE OF DEATH and related causes of importance or\_\_\_\_min. 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this year) \_\_\_\_\_ occupation. Other Contributary Causes of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 14. BIRTHPLACE (city or town) Name of operation. (State or country) What test confirmed diagnosis? ...... Was there an autopsy?\_\_. MOTHER 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?\_\_\_\_\_ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? .... (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT. (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased?\_\_\_\_\_\_\_\_\_\_ 19. UNDERTAKER (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify

(Signed)

(Address

Ward

Date of onset

Date of injury \_\_\_\_\_ 19.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

S. No.

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Example 1			Example II		
The principal cause of de- of importance were as follows:	ath and related causes ows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	MECE	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	2004000	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	White is man	July5,1927	Peritonitis	3 days ago	
	BUREAU V	( ) ( )			
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

should state CORD. Every item of infor-Exact statement of OCCUPA. PHYSICIANS stated EXACTLY. H UNFADING INK-THIS IS A PERMANENT properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be N. B.—WRITE PLAINLY, V

1. PLACE OF DEATH	
County Talkat	Registration Dist. No. 1 290
Village or City Con I	Nothing entry bos situles, Ward
	death occurred in a porpital or institution, give its NAME instead of street and number)
2. FULL NAME Baly Donoran	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (Price the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Feb 27 - 19 8 3	I last saw har alive on March 19, 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9.14
2 0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Tremature 2/2 mis
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spant in this	
10. Date deceased last worked at this occupation (month and yaar)	
12. BIRTHPLACE (city or town) Laston My	Other Coatributory Causes of importance:
(State or country)	
E 100 0	Name of operation Data of
14. BIRTHPLACE (city or town) Telescope (State or coontry)	Name of operation
E 15. MAIDEN NAME Miss Mary over	23. If death was dua to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Was how ore  16. BIRTHPLACE (city or town) Townsend, and	Accident, suicide, or homicide?, 19, 19, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT M. Charles Nonotau  (Address) Cutrevile, mil	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL  18. BURIAL, CREMATION, OR REMOVAL  18. BURIAL, CREMATION, OR REMOVAL  19.3.3.	Manner of injury
The pay Certificate 1 Date J-Date 19.3.3	Nature of injury
19. UNDERTAKER Chase R. Dandware (Address) Pour Centro in the Suite	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 3/19 , 1933 77 H. Newsey	(Signed)
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CFRTIFICATE OF DEATH

62929

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	-	Example II		
of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
APR 5 3933	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		Run over by street ear	1 week ago	
BUREAU V.S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:  Gallstones		Other contributory causes of importance:  Gastroenteritis		
	of death and related causes as follows:	of death and related causes as follows:  1915  hrilis  1921  July 5,1927	of death and related causes as follows:  Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  Run over by street car  July 5,1927  Peritonitis	

STATE OF MARYLAND—	CERTIFICATE OF DEATH (3233)
County valor	Registration Dist. No. 29 >
Village or City (IF	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Edward Francis Fai	ellened
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOB OR RACE  Wille  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write he word)  Maries.	21. DATE OF DEATH  March 2 , 193 3 (Year)
5a. If married, widowed, ordivorced HUSBAND of Siletta Lamberta Coolc	22.   HEREBY CERTIFY, That   attended deceased from
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than  1 day,hrs.  Ofmin.	I last saw h alive on march 2, 1933; death Is said to have occurred on the date stated above, at 3500 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and the state of the second in this company of the second in	Chrone Gronelylis 1923 -
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)  La live to the state of the state	acute Cordiac Delitation Mols. 3:
14. BIRTHPLACE (city or town) Salbit Co.	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Calherne, Causeira Hogen  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  Siletta Cook Taylling	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Office ameling Date Mile 51, 1933	Manner of injury
19. UNDERTAKER Carles A Substance (Address)	24. Was disease or Injury In any way related to occupation of deceased? Wo  If so, specify  (Signed)  M. D.
20. FILED Prof. 7, 19.33 Over Registrar.  It more blanks are needed, address State Registrar.	(Signer) Supple W. D. 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write-none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	and the same	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year •

V. S. No. 1

N. BWRITE PLAINLY, W. H. UNFADING INK-THIS IS A PERMANENT ECORD. Every item of i	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAMS should	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCU	7	SIN THE RESERVE	
V DITTORY	I. FRISI	Exact stat			NOITHVOID OUT I
	EXACTL	classified.	e)		200
TT VE CT C	stated I	properly	certificate		7
NA-I-HI	should be	it may be	on back of		OLEVOITOO
ADING L	ed. AGE	s, so that	ructions o		1
H ONE	lly supplie	plain term	See inst		O L EATURD
INLY, W	be carefu	EATH in 1	important.		MOTATE
HE FLA	plnous uo	SE OF DI	TION is very important. See instructions on back of certificate.	-	1
. 15WK	matic	CAU	TIOI		1
Z					-

1. PLACE OF DEATH			92-0	9				
C	ounty Vall	of				Registration	Dist. No. 2	7/
Vi	llage or City	It mic	lack		NoNo		St.,	Ward
Le	ength of residence in	city or town where	death occurred_8_		f death occurred in a hospital of			
2. FU	LL NAME	Elizabet	t. a.	House				
	) Residence: No.	11.	nichaele	/	St., Ward.			
`				of abode) \$5 Vi	richaels mod	If nonresident	give city or town a	nd State
	ERSONAL A					AL CERTIFICATE	OF DEATH	
en En		OR OR RACE	5. SINGLE, MARI OR DIVORCEI	RIED, WIDOWED.  O (write the word)	21. DATE OF DEA	nareh (Month)	<b>S</b> (Day)	, 193. 3 (Year)
a. If mer HUS	ried, widowed, or di	vorced						
(or)	W.155 at	ye W.	Hause	_	22. mai HER	EBY CERTIF	Y. That I attende	ed deceased from
DATE	OF BIRTH (month, d	av end year)	peril 12 !	1851	I last saw h_e2_ alive			
AGE	Years	Months 6	Days	If LESS than	to have occurred on the da		2 m,	. M. death is said
	82	11	24	1 dey,hrs.	The PRINCIPAL CAUSE OF were as follows:	F DEATH and releted caus	es of importance	
8. T	rade, profession, or kind of work done SAWYER, BOOKKI	particular	71		D-1			Date of onset
1010	SAWYER, BOOKKI	EPER, etc.	Vousewo	ke	Chrome	Valorila		Derreal
X	work was done, as SAW MILL, BANK	SILK MILL,			heart	dies	RJ	year
9. // 10. D	ate deceased last w this occupation (m year)	orked at gnth and 1930	I1. Total til	me (years) t In this 60 yr pation				
DIDTE	IPLACE (city or town	Se m	richaels		Other Contributory Causes	of importance:		
	tete or country)	1) - 4 1 4 4 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1			DEN	ulete		
13. N	AME Notal	-J. Jti	ignio			7		
14. B	IRTHPLACE (city or	town) Jack	lot Co		Name of operation		Dete of	
	(State or country)	-4		nd	What test confirmed diagno	sis?	Was there er	n eu'opsy?_22
15. M	AIDEN NAME	Treater	andrew		23. If death was due to exter	nal causes (VIOLENCE) fil	in also the followi	ng:
16. B	IRTHPLACE (city or	town) La	lbot		Accident, suicide, or homici	de?	Date of injury	, 19
1	(State or country)	- 71	<b>Co.</b>		Where did injury occur?	(Specify city or	town, county and St	tale)
	ddress)	michae	le mo	7	Specify whether injury occu	erred in INDUSTRY, in HO	ME, or in PUBLIC F	LACE.
18. BURIAL, CREMATION, OR REMOVAL  Place Aft. Withoute Date May 16 th 19 33		Manner of injury						
Pla	ace Ast. mu		Date //uu	20,19.33	Nature of injury			
O. UNDER	RTAKER Teur ddress)	tram t	Harris	d	24. Was disease or injury in  If so, specify	any way ralated to occupa	tion of deceased?	no
O. FILED.	Inch 10th	1933 lefon	Hww	eles	(Signed)	17ta	topie,	М. Г

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUZEAU V	89.2			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		·		

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County Village or City Langth of rasidence in city or town where 2. FULL NAME (a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and yeer) 7. AGE 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc ... 9. Industry or business in which work was dona, as SILK MILL. SAW MILL, BANK, etc .... 10. Data decaased last worked at 11. Total time (years) this occupation (month and spant In this occupation .... 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) Name of operation (State or country) What test confirmed diagnosis?\_\_\_\_\_ Was there an autopsy?\_\_\_\_ 15. MAIDEN NAME 23. If death was due to axternal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_ Date of injury\_\_\_\_\_ 19\_\_\_\_ 16. BIRTHPLACE (city or town) (Stete or country Where did injury occur? .... (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Date\_\_\_ Nature of injury\_\_\_\_ 19. UNDERTAKER If so, specify (Signed) \_\_\_\_\_\_\_ 20. FILED .... Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
-			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		Valle and the second	

-	no	Ŏ	
item	Sh	Jo	
RD. Every	YSICIANS	statement	
SCO	Y. PH	Exact	
RMANENT	XACTL	classified.	
IS A PE	stated E	properly	certificate.
IIS	pe	be	Jo
-WRITE PLAINLY, W. H UNFADING INK-THIS IS A PERMANENT ECORD. Every item	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shou	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of O	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH (13237)
1. PLACE OF DEATH	3
county Talbat	Registration Dist. No. 290
Village Dr City Laston	NP. home request the NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Baly Timamon S	illborn)
(a) Residence: ND. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH MALL 12 1933 (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
ma 1, 12, 1933	I last saw death is seid
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Deys  I LESS than  1 dey,hrs.  ormin.	to have occurred on the date steted above, et
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc.	Still-born 3-12-33
work was done, es SILK MILL, SAW MILL, BANK, etc	
O to Date deceased last worked et this occupation (month and year) occupation — occ	
12. BIRTHPLACE (city or town) Eastley (State or country)	Other Contributory Causes of Importance:
# 13. NAME Harvey Price Kimamon	
13. NAME Farvey Price Trinamon  14. BIRTHPLACE (city or town) Talkot County  (State or country) Naryland	Name of operation A reech System Tracks Date of 3 - 12 - 23  What test confirmed diagnosis? Was there an autopsy? Les
15. MAIDEN NAME Ilas Minnie asche	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Of Minnie Osche  16. BIRTHPLACE (city or town) Jalbat Caynty  (State or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT M. Harriey T. Timmamon (Address) It miles of miles of miles	Where did injury occur?(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CRIMATION, OR REMOVAL  Place Providence Date 3/13 1933	Manner of injury
19. UNDERTAKER James Jr. Speciel	24. Was disease or injury in any way related to occupation of deceased? Tro
2D. FILED. 3/18 , 1933 N.A. new Registrar.	(Signed) M. D.  (Address) Latter M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis ,	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA-1. PLACE OF DEATH lalba Registration Dist. No. pluods County item Village or City, (If death occurred in a hospital or institution, give its NAMA instead of street and number) mos. ds. How long In U.S. if of foreign birth? yrs. mos. ds. PHYSICIANS Length of residence in city or town where death occurred Every statement 2. FULL NAME CORD. Residence: No. If nonresident give city or town and State Usual place of abode MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) PERMANEN BINDING 5a. If married, widowed, or divorced HUSBAND of CERTIFY, That I attended deceased from (or) WIFE of 73 E certificate. 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, at 10 7. AGE Devs If LESS than Years Month FOR 1 day, .....hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance or .... min. were as follows: 8. Trede, profession, or particular THIS OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.\_\_\_\_ RESERVED jo back 9. Industry or business in which пал should work was done, as SILK MILL SAW MILL, BANK, etc .... 10. Date deceased last worked at 11. Total time (years) on this occupation (month and spent in this that occupation \_\_\_\_\_ instructions Other Contributory Canses of MARGIN 12. BIRTHPLACE (city or town) (State or country) terms, FATHER 13. NAME See Name of operation\_\_\_\_ 14. BIRTHPLACE (city or town) plain (State or country) What test confirmed diagnosis? ..... Was there an autopsy? ..... efully MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_ 16. BIRTHPLACE (city or town) import (State or country) Where did injury occur? \_\_\_ (Specify city or town, county and State) DE Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, 17. INFORMANT plnous (Address) OF 18. BURIAL CREMATION, OR REMOVAL Menner of injury CAUSE mation Nature of injury NOIL 24. Was disease or injury in eny wey related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) 20. FILED

(Year)

Date of onset

(Day)

Date of injury \_\_\_\_\_\_ 19\_\_

	Registrar.	(Municas)	
If more blanks are needed,	address State Registrar, 2411 N	N. Charles Street, Baltimore	, Requesting U. S. No. z.

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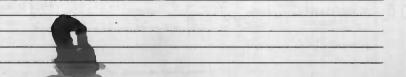
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1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year *	
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:	



(Day)

Date of onset

Was there an autopsy?\_\_\_

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

121	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	(3240 - 8, 3
of of SC	County Palls	Registration Dist. No. 29/
shou of 0	Village or City Zenan Clastorne (1)	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
/		ds. How long in U.S. if of foreign birth?yrsmosds
3D. Every YSICIANS statement	2. FULL NAME Eleanon Stann	1 Tuitation
D. F. SIC tate	(a) Residence: No.	St., Ward.
# C *		MEDICAL CERTIFICATE OF DEATH
ECC PF Exact	PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
C.Y.	OR Divorced (write the word)	(Month) (Day) (Year)
NG TEN	5a. If married, widowed, or divorced HUSBAND of	
MANER A C T J assified	(or) WIFE of	Jan 1933 to Mar 1933
A EXT.	6. DATE OF BIRTH (month, day, end year) 11/2 6- 15-9	(last sew h en alive on Mar 4, 1933; death is sain
FOR B IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at \$44.4m.
FOR IS A F stated properlifical	73 3 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
IIS II be so be be pof ce	8. Trade, profession, or particular kind of work done, as SPINNER,	00
	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at  11. Total time (years)	Chrome nephritos ?
K-T hould may back	work was done, as SILK MILL, SAW MILL, BANK, etc.	1
INI INI E st it it	O 10. Date deceased last worked at this occupation (month and year)	
RES ING I AGE that	year) Ucapetion F.	Other Contributory Causes of importance:
ucti s	12. BIRTHPLACE (city or town) The Land	Coxtrause Obeset
NFADING NFADING pplied. AGI erms, so tha	13. NAME Mesoculles/ a haloliett	
2 5 2 2 0	13. NAME Research G. Harlabell  14. BIRTHPLACE (city or town)	Name of operation
H Ily sillain See	1 (State of Country)	What test confirmed diagnosis? Cheuncel and way there an autopsy?
THE RE	15. MAIDEN NAMES YEARSILLA Suulth	23. If death was due to external causes (VIOLENCE) fill in also the following:
INLY, be caref EATH in importan	15. MAIDEN NAME Seurilla Suith 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
INI be EA	Grate of County)	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
PLAINLY, hould be call OF DEATH very import	17. INFORMANT (Address) Place To To To	Specify whether injury occurred in Thousand, in House, or in Public Flace.
Sho E OI	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
WRITE nation station is	Place Bullium Port Date 3/7/932,19	Nature of injury
WRITE mation s CAUSE TION is	19. UNDERTAKER James U. Spane	24. Was disease or injury in any wey related to occupation of deceased?
B. Ko.	(Address) Easterly Tour	If so, specify At Holo
si zi	20. FILED Tach 6 , 1933 John Hurwales	(Signed) St. Michaels, M.
	Local Registrar.	(nuuless)

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUKEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		ь	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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	Example I		Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial n	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	APR 5 1935	July 5,1927	Peritonitis	3 days ago
	BUREAU V.S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. 22 should County Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. \ 21 ds. How long in U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds. Every PHYSICIANS Length of residence in city or town where death occurred CORD. (a) Residence: No. If nonresident give city or town and State Usual place of abode MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED, 4. COLOR OR RACE OR DIVORCED (write the word) (Month) BINDING 5a. If married, widowed, or divorced HUSBANO of CERTIFY ... That I attended deceased from 22. (or) WIFE of 宝 6. DATE OF BIRTH (month, day, and year) certificate. 7. AGE If LESS than to have occurred on the date stated above, at Months Days FOR 1 day, ..... hrs. or .... min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc...-OCCUPATION RESERVED of 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.\_\_\_\_ back may should 11. Total time (years)
spent in this on 1D. Date deceased last worked at this occupation (month and that occupation ... vear) \_\_\_\_\_ instructions Other Contributory Causes of Importan MARGIN 12. BIRTHPLACE (city or town)\_ (State or country) supplied. FATHER 13. NAME 14. BIRTHPLACE (city or town). in plain (State or country) What test confirmed diagnosis? carefully HER 15. MAIOEN NAME important DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?\_\_\_\_\_ should be 17. INFORMANT OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Menner of injury WRITE AUSE mation Nature of injury LION 19. UNOERTAKER : (Address) If so, specify (Signed) 20. FILEO\_ Registrar. (Address)

Was there an autopsy?4 23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19\_\_\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. 24. Was disease or Injury in any way related to occupation of deceased? If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Day)

(Year)

Oate of onset

PHYSICIANS should state ECORD. Every item of infor-Exact statement of OCCUPA-AGE should be stated EXACTLY. TH UNFADING INK-THIS IS A PERMANEN properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. -WRITE PLAINLY,

N. B.

STATE	OF	MARYLAND—CERTIFICATE	OF	DEATH	
DEATH					

1. PLACE OF DEATH	03243
County Talbal	Registration Dist. No. 293
Village or City Scepton	NoSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmosds.
011. 001.	ron
(a) Residence: No. Skipton my	St., Ward.
/ (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Warried  Married	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Relian & Robinson	22.   I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) boke 6 1881	Ust saw h A alive on Mul 20 1923 : death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10.200m.
32 6 /6 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done as SPINNER	Date of onset
kind of work done, as SPINNER, Houndly SAWYER, BOOKKEEPER, etc.	Vylinmay !
work was done, as SILK MILL,	Muldlases
Nind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL,  SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  year)  Year)  Occupation  11. Total time (years) spent in this occupation  Occupation	
12. BIRTHPLACE (city or town) Talla lon	Other Contributory Causes of Importance:
(State or country)	
13. NAME John R Warner  14. BIRTHPLACE (city or town) Jalos 60	
14. BIRTHPLACE (city or town)	Name of operation
15. MAIDEN NAME Search of Rolling -	What test confirmed diagnosis? Was there an autopsy?
E Cald	23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT William & Robinson (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOXAL Eschare MA	Manner of injury
Place Caster Md Date Mon 24, 1933.	Nature of injury
19. UNDERTAKER James a Skerice	24. Was disease or Injury in any way related to occupation of deceased?  If so, specify
20. FILED 3/23- ,1933. J. L. Gardner Registrar.	(Signed) Aurul M. D.  (Address) Ulaus laws

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	ECORD. Every item of infor-	PHYSICIANS should state	Exact statement of OCCUPA-	14	
MAKGIN KESEKVED FOR BINDING	N. BWRITE PLAINLY, W. H UNFADING INK-THIS IS A PERMANENT CORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 3/1/3/3
1. PLACE OF DEATH	(132A)
County Vallat	Registration Dist. No. 290
Village or City Caslm M.	Experiency Ampulat St., Ward
A STATE OF THE STA	f death occurred in a horpital of institution, ever its NAME instead of street and number)  1. \( \) \( \) \( \) \( \) \( \) How long in U.S. if of foreign birth? \( \)
M - D. CP.	
2. FULL NAME /Lælalie ) Assusais	h. A.
(a) Residence: No.	St// Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DY ORCED (write the word)	March 3 193 3
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. ! HEREBY CERTIFY, That I attended deceased from
(6), WILL 01	Alex 10 , 1932, 10 March 3 , 1933
6. DATE OF BIRTH (month, day, and year) aw . 21, 18 6 4	I last saw hear alive on March 3 , 19.3 3; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12.30 Pm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importanco were as follows:
8. Trade, profession, or particular	ρ.,
kind of work done, as SPINNER, Clebuid Jeacher SAWYER, BOOKKEEPER, etc.	Caremona 1 breast. 6-32
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	J
kind of work done, as SPINNER, Celuid Seacher SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	-
this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town) Maryland.	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town)	Metastuces to bores 12-32
	Masures to bones - 12-32
Ξ ()	Ouch tate a beaut
(State or country)  (State or country)	What test confirmed diagnosis? Viscue section Was there an autopsyl va
E	23. If death was due to external causes (VIOLENCE) fill in also the following:
(State or country)	Accident, suicide, or homicide?, 19, 19, 19
m. 00 de	Where did injury occur?
17. INFORMANT (Address) (Old Marsh 1997) (Address)	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL	Manner of injury
Place & a class Date 3/6 ,1933	Nature of injury
1 1/1	7
19. UNDERTAKER fames W DRING  (Address) Easter Md	24. Was disease or Injury in any way related to occupation of deceased? / V o
2/6 32 7/11	(Signed) Welleaux Hammond M. D.
20, FILED 3/6 , 1933 f. N. fler Registrar.	(Address) Saston myl
Acg.man.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

1. PLACE OF DEATH  County Calbox lo	Pagistration Diet No. 291
Village or City Shudwood on	Registration Dist. No.
, , , , , , , , , , , , , , , , , , , ,	
( ) 2	osds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME AMULL W Sewel	
(a) Residence: No. Shedwood me	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White OR DIVORCED (wrige the word)	March 2 3 193 3
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of Single	22. 1 HERE SERTIFY, That Lattended deceased fr
6. DATE OF BIRTH (month, day, end year) lung 1- 1864	1 last saw ham alive on Quarely 22 19 ); deeth is s
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
68 1864 6 23 1 day,hr	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:
S Trade, profession, or particular kind of work done, as SPINNER, Farm Wowlesser, BOOKKEEPER, etc	reflexed
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at / 11. Total time (years)	
this occupation (month end 6 Han spant in this year) occupation	
12. BIRTHPLACE (city or town) With an	Other Contributory Causes of importance:
(State or country)	- Orchaf perungo
13. NAME Choline 7 Server	
(State or country)	Name of operation Date of
15. MAIDEN NAME ENALS & COMMON	What test confirmed diagnosis? Was there en au opsy?
16. BIRTHPLACE (city or town) William Co.	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT / homas / & Sewell	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Shudword mel  8. BURIAL, CREMATION, OR REMOVAL	
Place of much all Dote May 26 193	Manner of injury
I have have	Nature of injury.
9. UNDERTAKER A COMMON AND COMMON (Address)	24. Was disease or Injury in any wey related to occupation of deceased?
10. FILED/Moh 25 1923 AAMERON	(Signed) Mulkers M
10. FILED / 10h 70, 190 3 / Thank Registrar.	(Address) Thereas And

STATE OF MARYLAND-CERTIFICATE OF DEATH

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### Example II

The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
A STATE V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
•			

MARGIN RESER	I UNFADING INK-	supplied. AGE short	in terms, so that it m
	-WRITE PLAINLY, WH UNFADING INK-	mation should be carefully supplied. AGE show	CAUSE OF DEATH in plain terms, so that it m

Length of residence In city or town where death occurred yrs mos 2. FULL NAME  (a) Residence: No. (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIO OWED, OR DIVORCED (variet the word)  If married, widowed, or divorced HUSBANO of (or) WIFE of  DATE OF BIRTH (month, day, and year)  AGE Years Months 0 ays If LESS then	Registration Dist. No. 290  No. St., Ward St., Ward If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  MEDICAL CERTIFY. That I attended deceased from the state of the stat
Village or City Carter Managery Colored Husband of (or) Wife of  Village or City Carter Managery Colored Husband of (or) Wife of  Date of Birth (month, day, and year)  Village or City Carter Managery Managery City Carter Managery City City City City City City City Cit	No. St., Ward wards and stated deceased from the state of
Length of residence in city or town where death occurred	St., Ward.  St., Ward.  If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  22. HEREBY CERTIFY. That I attended deceased fro  1 1933 (Year)  1 1 lest saw here elive on Medical elive on State of the date stated above, et
Length of residence In city or town where death occurred yrs mos 2. FULL NAME  (a) Residence: No. (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIO OWED, OR DIVORCED (variet the word)  If married, widowed, or divorced HUSBANO of (or) WIFE of  DATE OF BIRTH (month, day, and year)  AGE Years Months 0 ays If LESS then	St., Ward.  St., Ward.  If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  (Month)  (Day)  (Year)  22. HEREBY CERTIFY. That I attended deceased fro  1933; death is sait to have occurred on the date stated above, et
(a) Residence: No. (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  SEX  4. COLOR OR RACE OR DIVORCED (write the word)  If married, widowed, or divorced HUSBANO of (or) WIFE of  DATE OF BIRTH (month, day, and year)  AGE Years  Months  Oays  If LESS then	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  (Month)  (Day)  (Year)  22. HEREBY CERTIFY. That I attended deceased from the control of the
PERSONAL AND STATISTICAL PARTICULARS  SEX  4. COLOR OR RACE Color OR DIVORCED (write the word)  If married, widowed, or divorced HUSBANO of (or) WIFE of  DATE OF BIRTH (month, day, and year)  DATE OF BIRTH (month, day, and year)  AGE  Years  Months  Oays  If LESS then	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  (Month)  (Day)  (Year)  22. HEREBY CERTIFY. That I attended deceased from the control of the
PERSONAL AND STATISTICAL PARTICULARS  SEX	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  (Month)  (Day)  (Year)  22. HEREBY CERTIFY. That I attended deceased from the control of the
SEX  4. COLOR OR RACE Color or RACE OR DIVORCED (write the word)  If married, widowed, or divorced HUSBANO of (or) WIFE of  DATE OF BIRTH (month, day, and year)  AGE Years  Months  Oays  If LESS then	22. HEREBY CERTIFY. That I attended deceased from the control of t
If married, widowed, or divorced HUSBANO of (or) WIFE of  DATE OF BIRTH (month, day, and year)  DATE OF BIRTH (month, day, and year)  Months  Oays  If LESS then	22. HEREBY CERTIFY. That I attended deceased from 1933. The PRINCIPAL CAUSE OF DEATH end related causes of Importance
DATE OF BIRTH (month, day, and year)  DATE OF BIRTH (month, day, and year)  AGE Years Months Days If LESS then	22. HEREBY CERTIFY. That I attended deceased from 1933, to 1933; death is sa to have occurred on the date stated above, et 193
DATE OF BIRTH (month, day, and year)  DATE OF BIRTH (month, day, and year)  AGE Years Months Days If LESS then	1 lest saw heave elive on
DATE OF BIRTH (month, day, and year) Jef 28-1933  AGE Years Months Days If LESS then	to have occurred on the date stated above, et
AGE Years Months Days If LESS then	to have occurred on the date stated above, et
	The PRINCIPAL CAUSE OF DEATH end related causas of Importance
	were as follows:
8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEPFR, etc.	Wente Myrearditie 3/1/3.
9: Industry or business in which	
work was done, es SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month end spent in this	
year) occupation	Other Contributory Causes of importance:
BIRTHPLACE (city or town) Clay Low The 197 M	
(State or country)	
13. NAME frams Copper	
	Name of operation Oate of
	What test confirmed diagnosis? Was there en autopsy?
0 40 19	23. If death was due to externel causes (VIOLENCE) fill in elso the following:
(State or country)	Accident, suicide, or homicide?
0 1071	Where did injury occur? (Specify city or town, county and State)
INFORMANT Jaymong About	Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
DUDIAL COPHATION OF PRINCIPAL	Manner of Injury
Place Notes Tares. Date 2/1/27 10	Nature of injury
2 6 61	24. Was disease or injury in any way releted to occupation of deceased?
	If so, specify
FILED 3/6 19 33 71-4- neuro	(Signed) farforand of Blaff. M.
Registrar.	(Address) Carton Till

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
PETERATI V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03247
1. PLACE OF DEATH	820
County Tallot	Registration Dist. No. 342
Village or City Oxford	No. St. Ward
Length of residence in city or town where death occurred 19 yrs 2 mos.	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?
2. FULL NAME Walter W Smith	J144
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4 COLOR OF PACE 15 SINGLE MARRIED WILDOWED	MEDICAL CERTIFICATE OF DEATH
male white OR DIVORCED (write the word)	21. DATE OF DEATH March 14, 193 3 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Cory WIFE of Charles Smith	22. I HEREBY CERTIFY. That I attended deceased from March 14, 1933, to March 14, 1933.
6. DATE OF BIRTH (month, day, and year) 2001. 144 1899	I last saw h Lin alive on Mac Cle 14 1933; death is said
7. AGE Years Months Days IT LESS than	to have occurred on the data stated abova, at 10.30 Pm.
53 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Cerebral lieu vishage 3-14-33
SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SIK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this recursition (years)	
work was done, as SILK MILL, State Coast	
spant in this	
year) occupation	Other Coatributury Causes of importance:
12, BIRTHPLACE (city or town) Courter (State or country)	Usterior cluses sundy
	,
14. BIRTHPLACE (city or town) Small or do	Name of available
(State or country)	Name of operation Data of What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Clara aminton	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Darrington	Accident, suicide, or homicide?
(State or country)	Whera did injury occur?
17. INFORMANT COMMENT CANADA CONTROL (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date 1710 ,1933	Nature of injury
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceasad? 26.0
20. FILED KNEL 15, 19 orest along Registrar.	(Signed) M. D. M. D.
	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	į	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURBAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

V. S. No. 1 N. B.—V

7. AGE  Years  Months  Oays  If LESS than I day, hrs. of min.  8. Trade, profession, or particular kind of work done, as SPINNER, SAVYER, BOOKKEPER, etc.  10. Use Years  Now kees done, as SPINNER, SAWYER, BOOKKEPER, etc.  10. Use Years  Other Contributor Lauses of importance were as follows:  Other Contributor Lauses of importance wer	STATE OF MARYLAND—	CERTIFICATE OF DEATH 03246
Village or City Losson  Length of residence in city or town where death occurred  Length of residence in city or town where death occurred  No. The course in a hospital a institution, give inf YAME injected of street and number)  Mos. J. S. How long in U. S. If of foreign birth?  2. FULL NAME  MTS. And Shall street and number)  Mos. J. S. How long in U. S. If of foreign birth?  Ward.  If nonresident give city or town and State  PERSONAL AND STATISTICAL PARTICULARS  S. SIX    4. COLOR OR RACE  S. SINGLE MARRIED, WIDOWED, OR DIVYORED Compt the word)  Most of Months  Mon	1. PLACE OF DEATH	92-00
Village or City Losson  Length of residence in city or town where death occurred.  Vist. Mono. And State in shoppinal quantitution, give inf NAME injected of street and number)  1. Full NAME  M. S. And State or Country or town where death occurred.  Vist. Mono. And State in shoppinal quantitution, give inf NAME injected of street and number)  Mono. And State or Country or town where death occurred.  Vist. Mono. And State or Country or town where death occurred.  Vist. Mono. And State or Country or town where death occurred.  Vist. Mono. And State or Country or town and State or State or Country or town and State or State or Country or Country or State or Country or Country or Country or State or Country or Country or State or Country or C	County lalkot	Registration Dist. No. 290
Length of residence in city or town where death occurred.  Length of residence in city or town where death occurred.  2. FULL NAME.  WE SUM TO		1-
2. FULL NAME Mrs. One Secret Society of Mary and State  (a) Residence: No. Occurs Society of Mary and State  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINGLE, MARKIED, WIDOWED, OR DIVORCED (wrigh the word)  (b) White of Markied, widowed, or divorced  (cr) Wife	(lf	death occurred in a hospital or institution, hive its NAME instead of street and number)
(a) Residence: No. Creams Note (Usus) lace of abody		ds. How long in U.S. if of foreign birth?yrsmosds.
PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (errig the word)  Ton DIVORCED (errig the word)  5a. If married, widowed, or divorced  1. Hongried widowed, or divorced  2. Later BY CERTIFY, Thet, in elected deceased from  1. Hongried widowed, or divorced  2. Later BY CERTIFY, Thet, in elected deceased from  1. Hongried widowed, or divorced  2. Later BY CERTIFY, Thet, in the divorced widowed, or d	2 FULL NAME INTS. Unna Snedefrer	
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DEATH  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DEATH  5. If married, widowed, or divorced  4. Washington or death of the season of the seaso		
3. SEX  4. COLOR OR RACE OR DIVORCED ("might be word) No divorced ("might be word) OR DIVORCED ("might		
OR DIVORCED (wing the word)  Warried wildowed, or divorced  Hospital of the word on divorced  Hospital of the word of th		
58. If married, widowed, or divorced Hyberthy (or) WIFE of Core Wife o	OR DIVORCED (write the word)	March 8 1933
HERBY CERTIFY, Thet, I ettended deceased from 1933 to March 8 19 33  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Wonths  Oays  If LESS than 1 day, hrs, or min.  The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:  Oate of onset  The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:  Oate of onset  Oate of oate of onset  Oate of oate oate oate oate oate oate oate oate		(Month) (Oay) (Year)
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Oays  It LESS than I day. hrs. or	HUSBAND OF M	
7. AGE  Years  Months  Oays  If LESS than I day, hrs. of min.  No Se Years  No USE Years  In principal causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:  Oate of onset  The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:  Oate of onset  The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:  Oate of onset  The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:  Oate of onset  The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:  Oate of onset  Oate of oate of oate oate  Oate oate oate oate  Oate oate oate oate  Oate oate oate  Oate oate oate  Oate oate oate  Oate oate oate  Oate o	1111. Joseph Quedeller	
8. Trada, profession, or particular kind of work done, as SPINNER, SAVYER, BOOKEEPER, etc Volume as follows:  9. Industry or business in which work wes done, as SPINNER, SAVYER, BOOKEEPER, etc Volume as follows:  9. Industry or business in which work wes done, as SPINNER, SAVYER, BOOKEEPER, etc Volume as follows:  9. Industry or business in which work wes done, as SPINNER, SAVYER, BOOKEEPER, etc Volume as follows:  9. Industry or business in which work wes done, as SPINNER, SAVYER, BOOKEEPER, etc Volume as follows:  9. Industry or business in which work wes done, as SPINNER, SAVYER, BOOKEEPER, etc Volume as follows:  9. Industry or business in which work wes done, as SPINNER, SAVYER, BOOKEEPER, etc Volume as follows:  9. Industry or business in which work wes done, as SPINNER, SAVYER, BOOKEEPER, etc Volume as follows:  9. Industry or business in which work work wes done, as SPINNER, S	6. DATE OF BIRTH (month, day, and year) May 16, 1884	1 st saw how. Alive on March 9, 1933; death is said
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, SAW MILL, SAW MILL, SAW Kill, SAW, etc.  10. Data deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. DIDNAL SCREEFFOR OR DENOTED  18. Trade, profession, or particular were as follows:  Outer Coatributer Cause of importance:  18. Trade, profession, or particular were as follows:  Outer Coatributer Cause of importance:  Other Coatributer Cause of importance:  What test confirmed diagnosis?  Was there an autopsy?  What test confirmed diagnosis?  Was there an autopsy?  What test confirmed diagnosis?  Outer Coatributer Cause of importance:  Other Coatributer Cause of importance:  Ot		
kind of work done, as SPINNER, AS EVER BOOKKEEPER, etc.  9. Industry or business in which work wes dona, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last workad at this occupation (month and year)  12. BIRTHPLACE (city or town).  (State or country)  13. NAME  14. BIRTHPLACS (city or town).  (Stata or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town).  (State or country)  23. If death was due to external causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?.  Oate of Injury.  17. INFORMANT  (Address)  Accident, suicide, or homicide?.  Specify city or town, county and State)  Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.  (Address)  Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.		was as fallows:
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (Stata or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. DURANT CREMETON OR PENOLONIA  19. DURANT CREMETON OR PENOLONIA  19. DURANT CREMETON OR PENOLONIA  10. Other Contributor Causes of importance:  10. Other Contributor Causes of importance:  11. Durant Causes of importance:  12. Durant Causes of importance:  13. Name of operation Or Arcadomy  What test confirmed diagnosis?  Was there an autopsy?  What test confirmed diagnosis?  Was there an autopsy?  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,  (Address)  18. DURANT CREMETON OR PENOLONIA	8. Trada, profession, or particular kind of work done, as SPINNER.	
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (Stata or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. DURANT CREMETON OR PENOLONIA  19. DURANT CREMETON OR PENOLONIA  19. DURANT CREMETON OR PENOLONIA  10. Other Contributor Causes of importance:  10. Other Contributor Causes of importance:  11. Durant Causes of importance:  12. Durant Causes of importance:  13. Name of operation Or Arcadomy  What test confirmed diagnosis?  Was there an autopsy?  What test confirmed diagnosis?  Was there an autopsy?  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,  (Address)  18. DURANT CREMETON OR PENOLONIA	SAWYER, BOOKKEEPER, etc. X10 050 1100 1100	
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (Stata or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. DURANT CREMETON OR PENOLONIA  19. DURANT CREMETON OR PENOLONIA  19. DURANT CREMETON OR PENOLONIA  10. Other Contributor Causes of importance:  10. Other Contributor Causes of importance:  11. Durant Causes of importance:  12. Durant Causes of importance:  13. Name of operation Or Arcadomy  What test confirmed diagnosis?  Was there an autopsy?  What test confirmed diagnosis?  Was there an autopsy?  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,  (Address)  18. DURANT CREMETON OR PENOLONIA	work wes dona, as SILK MILL,	waters Lung -
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (Stata or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. DURANT CREMETON OR PENOLONIA  19. DURANT CREMETON OR PENOLONIA  19. DURANT CREMETON OR PENOLONIA  10. Other Contributor Causes of importance:  10. Other Contributor Causes of importance:  11. Durant Causes of importance:  12. Durant Causes of importance:  13. Name of operation Or Arcadomy  What test confirmed diagnosis?  Was there an autopsy?  What test confirmed diagnosis?  Was there an autopsy?  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,  (Address)  18. DURANT CREMETON OR PENOLONIA	10. Data deceased last worked at 11. Total time (years)	
12. BIRTHPLACE (city or town) (State or country)  13. NAME 14. BIRTHPLACE (city or town) (Stata or country)  15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. DURLAL CERMATION OF BENOVER  19. DURLAL CERMATION OF BENOVER  19. DURLAL CERMATION OF BENOVER  19. DURLAL CERMATION OF BENOVER  10. State or country  10. Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		Febroit Ovarie
(State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. DURANT CREMETION OR PENOVEN.	12 RIPTUPI ACE (city or town)	Other Contributory Causes of importante:
15. MAIOEN NAME   16. BIRTHPLACE (city or town)   16. BIRTHPLACE (city or country)   17. INFORMANT   18. MAIOEN NAME   18. MAIOEN NAME   19. MAIOEN NAME		ligelo hestareles
15. MAIOEN NAME   16. BIRTHPLACE (city or town)   16. BIRTHPLACE (city or country)   17. INFORMANT   18. MAIOEN NAME   18. MAIOEN NAME   19. MAIOEN NAME	13. NAME P. S. Steeresser	Tuetral Stuore
15. MAIOEN NAME   16. BIRTHPLACE (city or town)   16. BIRTHPLACE (city or country)   17. INFORMANT   18. MAIOEN NAME   18. MAIOEN NAME   19. MAIOEN NAME	14, BIRTHPLACE (city or town)	Name of operation Orareo long Date of
(Specify city or town, county and State)  17. INFORMANT  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)	(Stata of Country)	What test confirmed diagnosis? Was there an autopsy? Ly
(Specify city or town, county and State)  17. INFORMANT  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)	15. MAIOEN NAME Levy Duba	23. If death was due to external causes (VIOLENCE) fill in elso the following:
(Specify city or town, county and State)  17. INFORMANT  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)	6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. PUBLIC PLACE.	E (State or country)	
10 DUDIAL CONSTITUTION OF DEMOVIN	17. INFORMANT LOS ON medeken	
38 BURIAL CREMINATION OR REMOVAL		-,
ned acceptational Mar 19 23		Manner of injury
O OLI D'E-F-I HE	- 0 011 Dit	11-
19. UNDERTAKE 112 17 alfile ( Mass disease or Injury in any way related to occupation of deceased? Mo		

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	VED	Example II	
The principal cause of death and related of importance were as follows:	causes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ا د يو	STATE OF MARYLAND—	CERTIFICATE OF DEATH (13940)
JPA	1. PLACE OF DEATH	95:2)
2	County Lallast 100	Registration Dist. No. 290
50	6) to 10/6 7/11	NoSt,Ward
0	(1)	death occurred in a hospital or institution, give its NAME instead of street and number)
nt n	Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
eme	2. FULL NAME JURAN Spen	neer
tat	(a) Residence: No.	St., Ward.  If nonresident give city or town and State
t s		MEDICAL CERTIFICATE OF DEATH
N.		21. DATE OF DEATH
E E	OR DIVORCED (write the word)	3 - 30 193 3
d 4	5a If married widowed or divorced (N 200 to 1)	(Month) (Day) (Year)
Sig	HUSBAND of	22. I HEREBY CERTIFY, That I attanded deceased from
े तर	2 1 1 1 1 1 1	19, 19, 10, 19, 19
	6. DATE OF BIRTH (month, day, and year)	I last saw h alive on death is said
ed fica	2 later hre	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance
roperti	about 66 - ormin.	were as follows: Oats of onest
e e E	8. Trede, profession, or particular kind of work dona, as SPINNER,	The Winner of the same of the
K A	SAWYER, BOOKKEEPER, etc.	les hour clinese A feter
ma ma bac	work was done, as SILK MILL, SAW MILL, BANK, atc.	hide hand the offe
sh it in	10. Date deceased last worked at this accuration (month and	den took the aleast
₩ ₩ W	year) occupation	Olher Centribatory Causes of importance:
o tl	12. BIRTHPLACE (city or town)	I Blood knowledge how
s, s ruc	(State or country) Musipaula	
plie rm inst	13. NAME HEURY GROOM	
e t E	14. BIRTHPLACE (city or town)	Name of operation Date of
7 5	(State of Country)	What test confirmed diagnosis? Was there an aulopsy?
in punt.	15. MAIDEN NAME CUNCOLONY	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
H H	0 16. BIRTHPLACE (city ar town)	Accident, sulcide, or homicide? Date of injury, 19
9 4 E	State or country)	(Specify city or town, county and State)
DE	17. INFORMANT ROW O Worker	Specify whether Injory occurred In INDÚSTRY, in HOME, or in PUBLIC PLACE.
)F		<b>4</b>
_ B .#	Car of Dala 7. A Series 3	Manner of injury
US US ON	Me starting	Neture of injury
CA	19. UNDERTAKER Johnson William	24. Was disease or Injury in any way related to occupation of deceased?
	1 02 50.01	(Signed) I and last Frite M. I
	20. FILED 3731 , 1933 129 Meister	(Address) Resid dal mo
	oat	County Village or City Village

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deccased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by strect car	1 wcek ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

PHYSICIANS Should state Exact statement of OCCUPAitem of infor-ECORD. Every mation should be carefully supplied. AGE should be stated EXACTLY. TH UNFADING INK-THIS IS A PERMANEN CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY,

V. S. No. 1

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County Talbal Co	Registration Dist. No. 290
Village or City Caslon (If	NoSt., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. iI of foreign birth?yrsmos ds.
2. FULL NAME / Qulet / Degra -	
(a) Residence: No. (Usual prace of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Whate Whate Widowald	21. DATE OF DEATH  March  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of - Dusice Lymano	22. I HEREBY CERTIFY, That I attended deceased from Mas. 1933, to Mass 20, 1933
6. DATE OF BIRTH (month, day, end year) Cefril 13, 1556	I last saw have alive on Man 20 , 19 a 7; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3 . 4 3 m Marc
77 10 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importanco were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	
Industry or business in which	Cerebry Himanhay
work was done, as SILK MILL, SAW MILL, BANK, etc.	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) State of country) Sandana Ap affect of the country	
	arlenstones
E 0 0 0 0	No. of a section
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
	23. If death was due to external causes (VIOL ENCE) fill in also the following:
	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur?
17. INFORMANT Billing Parks mo	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Africa Del Date Mar 22, 1933	Nature of injury
19. UNDERTAKER James a Spence (Address)	24. Was disease or Injury In eny way related to occupation of deceased?.
2/ 1. 29 2 11 11	(Signed) (Signed) M. D.
20. FILED 3/ 31, 1923 If No. Illinois Registrar.	(Address)
If more blanks are needed address State Registrary	2411 N Charles Street Ballimore Requesting 41 S No. 1

CTATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done?

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritolitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Bukkau			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIAMS should state Exact statement of OCCUPA-ECORD. Every item of infor-AGE should be stated EXACTLY. H UNFADING INK-THIS IS A PERMANENT properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. CAUSE OF DEATH-in plain terms, so that it may be mation should be carefully supplied. N. B.—WRITE PLAINLY, W

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	210,000
County 10/100 XC	S Registration Dist. No. 290
Village or City (OLONO), Md.	NOW MEXCULLY HOSPITAL St., Ward
(If	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME THE TOTAL OF THE PARTY OF THE P	
(a) Residence: No. 18 ACTAS DUMA . INC.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	21. DATE OF DEATH WA
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	May. 1 1933
Male Colored Sugle	(Month) (Day) (Year)
5a. If marriad, widowad, or divorced HUSBAND of	22. I HEREBY CERTIFY That I attended daceased from
(or) WIFE of	teb 27 1923 to 11100, 1953
6. DATE OF BIRTH (month, day, and year)	Hast saw h_MM. alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Tractured Rull 2 2783
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BABK, etc	
U 10. Date deceased last worked at 11. Total time (years)	
O this occupation (month and spany in this occupation	
2 and Ladge al aluge.	Other Contributory Causes of importance:
(Stata or country)	Fracleure he was Rt.
	Jacob Jacob Jacob
T 0 0	Name of operation Data of
14. BIRTHPLACE (city or town) hear faller afrom, (State or country)	What test confirmed diagnosis? A May Was there an autopsy? Led
15. MAIDEN NAME Lana & host:	23. If death was dua to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Leva Chorling  16. BIRTHPLACE (city or town) Near Federal lives.	Accident, suicide, or homicide? Occadent Date of Injury 2 27 8 19
S (Stata or country) more fund	Where did injury occurred or in Federal buy Test
Samuel Gerner.	(Specify city or town, county and State) Specify whether injury occurred in INOUSIRY, In HOME, or In PUBLIC PLACE.
17. INFORMANT Samuel	Bubles Struck
18. BURIAL, CREMATION, OR REMOVAN	Manner of injury auto occulent
Place Felderalsburg Date murch 4, 1933	Nature of injury Truetured Skull ele
2 / Franktim for Som.	24. Was disaase or Injury in eny way related to occupation of deceased?
(Addies) Tackeralson	If so, specify
20. FILED 3/2 , 1933 N. 4. Ne Brees	(Signed) 2 M.D.
20. FILED Registrar.	(Address) Carton hil
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I		Example II	
		The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial neg	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	ADR 5, 1933	July 5,1927	Peritonitis	3 days ago
	PURRAT V. S.	1		
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year -

V. S. No. 1

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# STATE OF MARYLAND—CERTIFICATE OF DEATH

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AI I LA	OL OL DEATH			11-		
Cour	nty talbor				Registration Dist. I	10. 29×
Villa	ge or City Ou	hood		No.		St Ward
	Y	,		death occurred in a hospital or insti		d of street and number)
Lengt	th of residence in city or town wh	ere death occurred	yrs. 4 mos	ds. How long in U.S. if	of foreign birth?)	yrsds.
2. FUL	L NAME	llean I	reliains			
(a) i	Residence: No.			St., Ward.		
			ace of abode)		If nonresident give cit	y or town and State
	RSONAL AND STATE	STICAL PAR	TICULARS	MEDICAL	CERTIFICATE OF	DEATH
3. SEX	4. COLOR OR RACE	OR DIVOR	ARRIED, WIDOWED, CED (write the word)	21. DATE OF DEATH	march &	S. 4. , 193.3
5a. If married HUSBAI (or) WI	d, widowed, or divorced NO of FE of		Ŏ	22. JHEREB	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	at 1 attended deceased from
6. DATE OF	BIRTH (month, day, and year)	June 3	121434	I last saw h alive on	maxel zil	19.33 ; death is said
7. AGE	Years Months	Days	If LESS than	to have occurred on the date sta	ted above, atm	
	9	4	1 day,hrs.	The PRINCIPAL CAUSE OF DEA	ATH and related causes of im	,
Z 8. Trad	e, profession, or particular sind of work dona, as SPINNER,	6.		000		Date of onset
E S	AWYER, BUUKKEEPER, etc	11		Juffue	usa.	3/13/3
D S	stry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	The		·	0	7.7
	deceased last worked at his occupation (month and rear)	11. Tota	al time (years) pent in this coupation			
12 RIDTUDI	ACE (city or town)	And a as		Other Contributory Causes of imp	portanca:	
	a or country)	, tall	46	Merria	Fool	3/1/1/2
₩ 13. NAM	E Mark	hlliam	N			- Japan
13. NAM 14. BIRT	UPL LOS CO	0 00	0		J	·  <u>/</u>
4 14. BIKI	HPLACE (city or town)	Falbet	00-			
	DEN NAME 744044	at +		What test confirmed diagnosis?		
F		, rimu	ey .	23. If death was due to axternal ca		
O 16. BIRT	HPLACE (city or town)	Talket		Accident, suicide, or homicide?	Date of	injury, 19
	m. V	00	<u> </u>	Where did injury occur?	(Specify city or town, c	ounty and State)
17. INFDRMA (Addr		Migue	0.3	Specify whather injury occurred	in INDUSTRY, in HOME, or	IN PUBLIC PLACE.
	CREMATION, DR REMOVAL	Q I	20 21.	Manager		
Placa	Franke Station?	Clau Pate	mel 16,933	Manner of injury		
_	9	55	. NO	Nature of injury		6 -
19. UNDERTA		allund	my Low	24. Was disease or injury In any	way related to occupation of	deceased? LO
(Addr	(ess)	The state of	The same	if so, specify	Park)	
20. FILED.	march 26, 19 33.	forest a	Seal Registrar.	(Signed) (Address)	Juppe,	Sug M. D.
	15/-	are blanks and a colo	1 .11 C D	N. O. I. C. D. I.		

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Example II

### Example I

Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street ear	1 week ago
July 5, 1927	Peritonitis	3 days ago
	0.01 5 3.24	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street ear  July 5,1927 Peritonitis  Other contributory causes of importance:



1	Every	IVNE	ement	
	RD.	YSIC	state	
	N. B.—WRITE PLAINLY, W. H UNFADING INK-THIS IS A PERMANENT SCORD. Every	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement	
-1	EZ	LY.	- H	
ING	NE	CT	sified	
IND	RM	XX	clas	
33 23	\ PE	ed E	erly	icate
FOI	IS	state	prop	certif
ED	HIS	he	be	Jo.
MARGIN RESERVED FOR BINDING	X-T	pinor	тау	TION is very important. See instructions on back of certificate.
ESE	Z	Esl	at it	s on
Z Z	DNIC	AG	se th	ction
RGI	FAI	lied.	ms,	stru
MAJ	S	supp	n ter	ee in
	T	ully	plaj	t. S
	Υ, Ψ	aref	H in	rtan
	INL	pe e	EAT	impe
7	PLA	pluoi	)F D	very
	ITE	ls uc	SE (	si N
1	-WR	matic	CAU	TIOI
V. S. No. 1	B.		Ī	
>	Z			

item of inforshould state of ACCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Jalbot	Registration Dist. No. 290
Village or City Laston (If	ND. The squared Nos Rixast. Ward death occurred in a hospital r institution, fire its NAME intead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME // 55 Jondance Will	on
(a) Residence: No. Contin Macuelcud (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March 28, 193 3.  (Month) (Day) (Year)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of Pase P. Wilsoweg	March 7 1933 to March 28 1933
6. DATE OF BIRTH (growth, day, and year) Ded. 27, 185-8	Hast saw hold alive on March 28 , 1933; death is sai
7. AGE Yeals Months Days If LESS than	to have occurred on the date stated above, at 1:186; m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade profession or particular	erebral semolrhage 3/6/3.
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	<i>V</i>
10. Date deceased last worked at this occupation (month and year)	
	Other Contributory Causes of importance
12. BIRTHPLACE (city or town) (State or sountry)	seurcy
13. NAME Joan 7. Stodard.  14. BIRTHPLACE (city or town).	<i></i>
14. BIRTHPLACE (city or town)	Name of operation Dote of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill In also the following:
O 16. BIRTHPLACE (city or town).  (State or country)	Accident, suicide, or homicide?
17. INFORMANT (Address)	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Easton md Date 3/31, 1933	Nature of injury
19. UNDERTAKER Quees for beings	24. Was disease or injury in any way related to occupation of deceased?  If so, specify
20. FILED 3/30 , 19 33 M. Messies Registrar.	(Signed) CUSD Grand M. (Address) Suffer M.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attock of epilcpsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street cor	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state item of infor-Exact statement of OCCUPA. CORD. Every IS A PERMANENT stated EXACTL properly classified. BINDING See instructions on back of certificate. FOR MARGIN RESERVED UNFADING INK-THIS AGE should be be CAUSE OF DEATH in plain terms, so that it may supplied. mation should be carefully TION is very important. -WRITE-PLAINLY, V. S. No. 1 n ż

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	G3255
County Lallit	Registration Dist. No. 290
Village or City Eastan R. D.	No. St., Ward
Length of residence in city or town where death occurredyrsm	(If death occurred in a hospital or institution, give its NAME instead of street and number) osads. How long in U.S. if of foreign birth?
2. FULL NAME TRANSPORT	. Welson
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  5e. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Oay) , 193 3 (Year)
HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) March 1, 1933	I last saw h alive on
7. AGE Years Months Days If LESS than	to heve occurred on the date stated ebove, atm.
. Q ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
Range of the state	Malnutrilian
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this recursition (month and	Suformation Midure
work was done, as SILK MILL, SAW MILL, BANK, etc	- Chure Saupson)
O Date deceased last worked et this occupation (month and year) spent in this occupation	
12. BIRTHPLACE (city or Iown) Castan R.D.	Other Contributory Causes of importance:
(State or epuntry)	
II 13. NAME Johnny Wilson	
14. BIRTHPLACE (city or town)	Name of operation Dete of
(State of country)	What test confirmed diagnosis?
I 15. MAIDEN NAME June Calisare	23. If deeth was due to externel ceusos (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Gaster R.D.	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CHARLES SCHOOL S	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of injury
Place Date 1932	Neture of injury
19. UNOERTAKER JOHN WILLOW (Address)	24. Wes disease or injury In eny way related to occupation of deceased?
20 FILED 3/6 , 1933 76 Jd . Neiser Registrar.	(Signed) A. M. Serres - Real Regal (Address) Easter Ma
If more blanks are needed, address State Registran	, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state ECORD. Every item of infor-Exact statement of OCCUPA-FOR BINDING See instructions on back of certificate.

mation should be carefully supplied. AGE should be stated EXACTL H UNFADING INK-THIS IS A PERMANEN CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED B.-WRITE PLAINLY,

V. S. No. 1

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TION is very important.

	STATE O	F MARYLAND-	CERTIFICATE	OF DEA	TH 032	56
1. PL	ACE OF DEATH		(3)			
Co	ounty Galler			Registration	Dist. No. 39 2	
Vi	llage or City near wish	2	No.		St	Ward
		(If	death occurred in a hospital or institu	ution, give its NAMI	E instead of street and	number)
Le	ngth of residence in city or town where de	ath occurredyrsmos	ds. How long In U.S. if	of foreign birth?	yrsm	osds.
2. FU	ILL NAME Buyan	in young.				
(a	) Residence: No.	1	St Ward.			
(	,	(Usual blace of abode)		If nonresident	give city or town and	State
P	ERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL C	ERTIFICATE	OF DEATH	
3. SEX	4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (avrite the word)	21. DATE OF DEATH	marel (Month)	30 4 (Day)	, 193 3 (Year)
5a. If mar	ried, widowed, or divorced	1		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(04))	(1001)
HUSBAND of (or) WIFE of			22. IHEREB	YCERTIF	Y, That I attended	deceased from
	4	5/ 040		., 19, to	<i>/</i>	, 19
	OF BIRTH (month, day, and year)	wich 50 - 1933	I last saw h alive on		, 19	; death is said
7. AGE	Years Months	Days If LESS than	to have occurred on the date stated above, at			
	VV	I day,hrs.	The PRINCIPAL CAUSE OF DEA	TH and releted caus	es of importance	,
ZIRT	rade, profession, or particular					Date of onset
0 b	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			0 0	***************************************	
OCCUPATION SE			Viewslove	brely (	Shur)	
00 100	ate deceased last worked et this occupation (month and year)	11. Total time (years) spent in this occupation				
			Other Contributory Causes of importance:			
12. BIRTHPLACE (city or town) Color (State or country)						
-	001.7.1					
当 13. N	AME COOPER GOTE	ug.				
13. N	14. BIRTHPLACE (city or town)		Name of operation		Date of	
-	(State or country)	10g Clo-	What test confirmed diegnosis?		Was there an a	utopsy?
15. MAIDEN NAME Gerentle Fellow		23. If death was due to external ca	uses (VIOLENCE) fil	I in also the following	:	
15. M	IRTHPLACE (city or town)	Kull ,	Accident, suicide, or homicide? Date of Injury			, 19
17. INFORMANT Severella Johns			Where did injury occur? Specify whether Injury occurred it	(Specify city or in INDUSTRY, In HO	town, county and Stat ME, or in PUBLIC PL	e) ACE.
(Address) Easton Fund (A)						
18. BURIAL, CREMATION, OR REMOVAL  Place Sylvin wear well at Suice 1933			Manner of Injury			
PI		Date, 1999	Nature of Injury			
19-UNDERTAKER albu forug Gaston P.S. (Address)			24. Was disease or Injury in any v	way related to occupa	ation of deceased?	u
			If so, specify			
20. FILED.	marel 4, 1935,	Local Registrar.	(Signed) (Address)	Juston	the the	M. D.

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		ECELVISED			
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STREAT V. S				
Other contributory causes of importance:		Other contributory causes of importance:		
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	11			

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN